

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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AGES IN ENTIRE CF	A-4 REPO	IRT
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TOTAL

COMMITTEE INFORM	ATION		
1. Full name of committee (as on Statement of Organization) Check if this is a new name Robin M Mills For Hamilton County Audi-	tor		
2. Acronym or abbreviated name, if any		elephone number	
	(317	1 984-5435	
Mailing address (address where all campaign finance correspondence is received) Che 23015 Overdorf Road	ck if this is a new	address	
5. City, state, ZIP code		on (if applicable)	
Cicero In 46034	Kepuk		
CANDIDATE INFORMATION (For Candi			
7. Full name of candidate (include any nickname) Robin M Mills	8. Party affiliati Repub	on or if independent	
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of r		
Hamilton County Auditor	Hami		
TYPEOFREPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and	d 20 must be "0")	Pre-Convention	
Cutgoing Treasurer (within 10 days amend Statement of Organization)		Post-Convention	
12. Reporting penad:		COLUMN A	COLUMN B
From: April 8,2000 Through: October 13,	2000	This Period:	Year to Date
13. Casn on hand and investments at the beginning of this reporting period.		3352.28	
14. Cash on hand and investments January 1, current year.			1318.47
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contri	butions.)	0(110,00	7620.28
15a. Itemized (use Schedule A)	-	2640.00	5976.69
15b. Unitemized		5399.59	13.596.97
15c. Add lines 15a, and 15b in both columns	SUBTOTAL .	8751.87	14 915.44
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B চন্দ্ৰন্যালয়েলভ	TOTAL	0101.01	
(Note: These amounts include in-kind expenditures and loan repayments.)			建造区的区域
		8420.80	14.074.68
17a. Itemized (use Schedule S) (Public Question; use Schedule C)	i	331.67	840.76
17b. Uniterrized		8751.87	14,915.44
17c. Add lines 17a and 17b in both columns	SUBTOTAL		A
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both co	umns) TOTAL	0	
19, Debts OWED BY the committee (use Schedule D)			
20, Debts OWED TO the committee (use Schedule E)			
31			

CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS Signature on File

CLERK, HAMILTO

FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial posters. We 91 30 00000 (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Falcov (IC 3-11-11). to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class 3 Miscemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Phil and Mary Henderson 14380 & 281st Street	Contributions: ☑ Direct ☐ In-Kind (describe)	150∞	ediem bas em	4/10/00
Arcadia, In 46030 Contributor's Occupation (if required)	Other Receipts:	other contribution of any	N: Enter the or constition for Witten anter	Robin Mills
Paul and Karin Ricketts 7257 Murphy Drive	Contributions: Direct In-Kind (describe)	200 92	NTRIBUTIO	4/10/00
Indianapolis In 46256 Contributor's Occupation (if required)	Other Receipts:	E YEAR-TO	TALIUMUS	Robin Mils
Art and Judy Levine 12558 Highlands Place	Contributions: Z Direct In-Kind (describe)	200∞	4000	4/10/00
Fishers In 46038 Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	sen cash is a	w beviscer at	Robin Mills
Rosalie Morey 7270 Oak Cove Lane Noblesville In 46060	Contributions: Direct In-Kind (describe)	103H08 R	NIS PAGE C	4/17/00
Contributor's Occupation (if required)	Other Receipts:	onter this floor	gifa A Algorito	Robin
Jum and Robin Mills 23015 Overdorf Rd	Contributions: Direct In-Kind (describe)	800		4/21/00
Cicero In 46034	Other Receipts: ☐ Interest			Robin

(Enter total on ITEM 15a of the Summary Sheet)



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

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FULL MAILING ADDRESS (street, number, city, state, ZIP cade)	GROTHERRECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Fox Dailey 6219 N Guilford Avenue	Contributions: Direct In-Kind (describe)	19000	clion bis emp	5-12-00
Suile A				CONT. A. CO. L.
Indianapolis, In 46220.	Other Receipts: ☐ Interest ☐ Loan ☑ Misc (specify)	to masquoo office conta office a priva	en messandi on nessandi os cede T	Robin
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2. Planting and accrease anomalogomorphic opposition and the committee of	Contributions: Direct In-Kind (describe)	auch se yard	babiyota sos	es to toubord
contributions, including mend, variables or other reports	Other Receipts:	FAASY SV	TAJUMUS	B NWITION
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	CLC Services Inc. 8900 Keystone Crossing 940	Contributions: Direct In-Kind (describe)	2009	a grillian bine cludes entities	4/10/00
	Indianapolis In 46240	Other Receipts:	g a contribut OR OTHER		Robin Mills
2.	nethurion, including in-kind, transfers-in or other receipts for this	Contributions: Direct In-Kind (describe)	PERIOD: 8	SHT TNUO	IA A MidU.
	we contributions, including in-land, transfers-in or other receipts	Other Receipts: Interest Loan Misc (specify)	YEAR-TO-	MULATIVE	LUMN B CI
3.	a received, For checks and money orders indicate the date the	Contributions: Direct In-Kind (describe)	month, day, ear	ent retrial (GE	VEDERE
	member, NOT when mailed or deposited in an edeputite in the contribution for the committee. (IC 3-3-1-25)	Other Receipts:	a committee		a daviso
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		Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
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		Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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4. If there is any one page of this Schedule	Contributions: Direct In-Kind (describe)	F SOFEDU	HIS PAGE C	LISTOTAL TE
	Other Receipts: Interest □ Loan Misc (specify)	tugit ei treine	agiA .A elubort	a no Region his
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers in and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
GOP Breakfast Club w South 8th Street	Contributions: [Direct		e prillem one e 150) eathrono norma to scalt	mon lian econes companion e mon lagan bedanes
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
Reelect Ward Surveyor 107 Waterman Drive Noblesville In 46060	Contributions:	\$400	\$500	4/17/00
Noblesville In 46060	Other Receipts: Interest I Loan Misc (specify)			Robin Mills
redelots over \$100 within a calendar year (\$200 if regular party coopie.)	Contributions: Direct In-Kind (describe)	addrage of all	enliam bas en adine esculari	er the full ner mitteel. Time
s. It is imparative to that the fall name of the contributor. appropriate box. For in-kind contributions describe the general	Other Receipts: Interest I Loan Misc (specify)	фиссо и ра	when selection	PORTANT PE OF CO
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AGE ONLY: Enter (ON THE LAST PAGE ONLY) the rater amount early Sheat.	Contributions:	FALOF ALLS F SCHEDUR anter the figur	ama as the TO 1. PAGES O tredule A. Also	figure is the s TAL OF AL il pages on S
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entitles OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Time Warner 987 Keystone Way Carmel In 46032	media	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$244.80	\$918	4/10/00
America's Campaign Store Po Box 1612 Jeffersonville In 4713-1612	Campaign Supplies	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$ 685.35	\$2742.07	4/13/00
Topics 13095 Publishers Dr Fishers In 46038	Media	☑ Direct ☐ In-Kind ☐ Payment of Deot ☐ Returned Contribution ☐ Other ☐ Purpose:	\$425.25		4/19/00
metro North 1350 S. Rangeline Carmel In 46032	media	☑ Direct ☐ In-Kind ☐ Payment of Deat ☐ Returned Contribution ☐ Other ☐ Purpose:	\$525,00	A PURE AND THE PROPERTY OF T	4/19/00
Sharp Printing 8645 & 116th Street Fishers In 46038	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$6153.54	\$6311.57	4/21/00
GOP Breakfast Club 44 South Eth Street Noblesville In 46060		Direct In-Kind Payment of Dect Returned Contribution Other Purpose:	\$125 € -	125€	7/7/00
Hamilton Co GOP 44 South 8th Street Noblesville In 46060		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: GoP Elephant Open Hole Sponsorship	* 15000	\$ 150°°	6/16/00
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State Form 4806 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question		PUBLIC QUESTION INFORMATION		erias eirit not b generalis erit to generalis erit to	txet officer
Type of Question: Statewide Local Local Position: Supported Opposed		no ebiwarata si noitaeup oliduq erit ren			neck the app
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	S	SUB TOTAL THIS PAGE OF SCHEDULE C	\$ 0		
		SCHEDULE C ON THE LAST PAGE ONLY the Summary Sheet)	\$ 0		

OCTOBER 11, 2000

I, ROBIN M. MILLS, DO HEREBY FORGIVE THE DEBT OF \$688.14 TO THE CAMPAIGN TO ELECT ROBIN M. MILLS HAMILTON COUNTY AUDITOR.



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

Page

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS. (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	INCURRED	CUMULATIVE PAID EAR-TO-DATE	GUTSTANDING BALANCE THI PERIOD
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inan one vancer per redition and coupands	ess of the vendor, if more enter the card issuer it	ne name and adding, but do not re-	mulos sidi	i sobnev	tose fall
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OCCUPATION:	ch transaction.	se to thuoms edit w	ulichases, ent	g base tiber	p eatimm
	res a short description of a account," or "commi	he debt. This raqu sory note," "ope			RE OF B
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THE LAST PAGE OWLY) the	PAGE ONLY: Enter (ON this figure on ITEM 15	SUB TOTAL	THIS PAGE OF SO	HEDULE D	S IA RO
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NUMBER					
Page	- 1	of	inal aid		

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount. OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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and mailing address of reporting partod.	Enter the full name ven a loan within the	ARLING ADDRESS Ng committee has g	A CHA 3M hoga edi	OWER'S NA Ion to whom	BORRI the pen
nd mailing address of all the reporting committee	chier the ruli name i if the loan made by	AILING AUDKESS: Disers, or endorsers	irs, co-end ther entity.	ars, co-sign ars, co-sign tured by an	Was se
se initially loaned to another	sa reporting committe		tt rein3 :Ti	IL AMOUN	Derson.
eporting committee. This	be collected by the it to the committee, a	nature of the debt to he type of debt owe	Enter the choron of	E OF DEBT	NATUR
lbal loan of credit was	day, and year that i		HINCURRE	OITABLIB mmpo arity	DATE d meda,b
	nt of bewe does no s paid to the recon	-DATE: Enter the to le. Principal repaid of maquie A. It interest for each reporting p	YEAR-TO be committed orded on S st received a A.	ATIVE PAIL of owed to f elpt and rep unt of inter on Schedu	CUMUL on a de as a rai the and raported
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